

FAX**Date** 10/9/03**Number of pages including cover sheet** 16**TO:** Commissioner for Patents
Alexandria, VA**RE:** U.S. Application No.
09/473,662 filed 12/29/99**Phone****Fax Phone** 703-305-7687**FROM:** Diane F. Covello *DFC***RECEIVED**
CENTRAL FAX CENTER

OCT 09 2003

Phone 860-233-0872**Fax** 860-233-0872**REMARKS:** ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

See attached Response.

OFFICIAL

PTO/SB/21 (08-03)

Approved for use through 08/30/2003, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/473,662	
	Filing Date	12/29/99	
	First Named Inventor	Risen, William	
	Art Unit	3625	
	Examiner Name	Rosen, N.	
Total Number of Pages in This Submission	15	Attorney Docket Number	Risen-01-C1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <i>no fee required</i> <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Replacement sheets of pending claims and marked-up version of claims are attached.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Diane F. Covello, Reg. No. 34,164 125 Walbridge Rd. W. Hartford, CT 06119
Signature	<i>Diane F. Covello</i>
Date	October 9, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below			
Typed or printed name	Diane F. Covello		
Signature	<i>Diane F. Covello</i>	Date	October 9, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Risen-01-C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

13/D

In re patent application of William Risen et al.

Serial No. 09/473,662

Examiner: Rosen, N.

PN
10/11/03

Filing Date: 12/29/99

Group Art Unit: 3625

For: Method of Protecting Against a Change in Value of Intellectual Property, and
Product Providing Such Protection

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
CENTRAL FAX CENTER

OCT 09 2003

BOX Non-Fee Amendment

Sir:

AMENDMENT

In response to the Office Action dated July 9, 2003, please amend the above-referenced application as follows:

IN THE CLAIMS:

Please cancel claims 2 and 22 without prejudice.

Please amend claims 1, 4 and 7 by substituting the attached sheets of pending claims for the prior pending claims. A marked up version of the claims is included in Appendix 1.

OFFICIAL